



TOWN OF EAST HARTFORD

740 Main Street
East Hartford, Connecticut 06108

Phone
(860)291-7220

APPLICATION FOR PROMOTIONAL EXAMINATION

(Police and Fire Departments)

Equal Opportunity Employer

Please review the announced requirements for the position and answer all questions.

POSITION APPLIED FOR		DEPARTMENT	
APPLICANT'S NAME (LAST, FIRST, MIDDLE)			
STREET ADDRESS		CITY/TOWN	STATE/ZIP
TELEPHONE NUMBER (HOME)		TELEPHONE NUMBER (WORK/CONTACT)	
PRESENT JOB TITLE		LENGTH OF TIME IN POSITION	

EDUCATION

List all colleges, business schools or technical schools you attended in chronological order, most recent listed first:

School	Address	Course/Major	Degree/Certificate

Other training or professional licenses, special courses, work training programs, or armed forces training. Give name and location where training was given, certificate, if any, dates attended, subject of training, number of hours weekly, and other details related to the job for which you are applying. List any office equipment you can operate or any licenses or state certification you have that would be relevant to the position applied for (attach a separate sheet if necessary):

I certify that the statements made by me on this application are true, complete and correct to the best of my knowledge. I understand that any falsification of facts will subject me to disqualification or dismissal.

Signature: _____

Date: _____

TO BE COMPLETED BY Human Resources Dept.	DATE OF HIRE	
	SENIORITY DATE	
	GRADE/STEP	

List below, chronologically (most recent dates first) each place you were employed, omitting none (attach additional sheet(s) if necessary). Give correct, full addresses, and dates of non-employment in proper sequence. Include all part-time employment.

IMPORTANT: May we contact your present employer? ☐ YES ☐ NO

Name of Employer		Job Title	
Address	City	State	Zip Code
Dates of Employment:	Name and Title of Supervisor		Telephone Number
From _____ to _____ month year	Description of duties, responsibilities, and significant accomplishments:		
To _____ to _____ month year			
Salary:			
Starting \$ _____ per _____			
Ending \$ _____ per _____			
# Hrs. Worked Weekly	Reason For Leaving		

Name of Employer		Job Title	
Address	City	State	Zip Code
Dates of Employment:	Name and Title of Supervisor		Telephone Number
From _____ to _____ month year	Description of duties, responsibilities, and significant accomplishments:		
To _____ to _____ month year			
Salary:			
Starting \$ _____ per _____			
Ending \$ _____ per _____			
# Hrs. Worked Weekly	Reason For Leaving		

Name of Employer		Job Title	
Address	City	State	Zip Code
Dates of Employment:	Name and Title of Supervisor		Telephone Number
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To _____ to _____ month year			
Salary:			
Starting \$ _____ per _____			
Ending \$ _____ per _____			
# Hrs. Worked Weekly	Reason For Leaving		

I hereby certify that the statements and answers given by me on this application are true and complete. I agree that any false statement, omission or misrepresentation would allow for my being discontinued from the selection process and/or for dismissal from employment obtained through this application whenever such falsification is discovered. Further, I understand that my employment by the Town of East Hartford depends upon satisfactory completion of a qualifying examination process.

I authorize all persons and companies named above, except my present employer if so noted, to furnish any information regarding me whether or not it is on their records, and hereby release them from all liability for damage in providing this information. I further agree that if employed by the Town of East Hartford, I will comply with all rules and regulations established or amended, to govern Town employees and employment practices. The Town of East Hartford reserves the right to modify these rules and regulations at any time. Nothing in this application shall be construed as a contract.

Signed _____

Date _____